



SE-230 TRANSMITTAL OF SMALL PROFESSIONAL SERVICE CONTRACT

AGENCY: _____
PROJECT NO.: _____
PROJECT NAME: _____

Person/Firm Selected: _____

(Address)

(City) (State) (ZIP Code)

Contract Type: ☐ Single Project
☐ Indefinite Delivery

Contract Amount: _____

Construction Budget for this Project: _____

By: _____
(Signature of Agency Representative)

Date: _____

(Print or Type Name of Representative)

(Title)

Submit a copy of the signed contract with this form